APPLICATION FOR SIGN PERMIT

Building Services 585-723-2443 Fax: 585-723-2457

Date denial completed _____

(Rev. 7/03)

Town of Greece One Vince Tofany Blvd. Greece, NY 14612

Inspection Line 585-723-1923

Total Permit Fee \$

(Please Print or Type) Date _____ Sign Permit Type: $\sqrt{}$ Freestanding \square (MIP required) Building Mounted \square Temporary Banner \square Other \square Tenant/Business Name Site Address ____ Address also known as _____ **Contractor Information Property / Business Owner information** Business Name_____ Name_____ Contact Person_____ Address City_____ State ____ Zip _____ Address_____ City_____State ___Zip ____ Phone_____ Fax _____ Email:_____ Fax_____Cell _____ Business Phone Describe Proposed Sign: Building setback from street______ feet. Width of tenancy at front of building ______
Total Sq. Ft. of proposed sign_____ Sign material _____ Sign illuminated/electric supplied? Value of Construction \$______ Value of construction is the cost of the improvement, including any implied value of donated material or labor. For contractor work, it is the total cost. A Building permit expires 12 months from the date of permit issuance. Application is hereby made to the Building Office for the issuance of a Building/Plumbing Permit pursuant to the Title 19 NYCRR for the construction of buildings, additions or alterations or the removal or demolition, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application which are part of these requirements and also will allow all inspectors to enter premises for the required inspections. (Applicant's – Contractor Name – Please Print) (Applicant's - Contractor Signature) For office use only Insurances Liability □ Compensation □ Permit Received By_____ Site plan, Map, or MIP □ Permit Date _____ Permit Approval_____ Storefront floor plan (#feet in width) □ Tax Acct Zoning Approval